

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>RM</i>	<i>6720</i>	<i>4/15/99</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>4-15-99</i>
FORMALITY REVIEW		<i>71557</i>	<i>4/21/99</i>

INDEX OF CLAIMS

- ✓ ..... Rejected
- ✓ ..... Allowed
- (Through numeral) ..... Canceled
- /- ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/15/99
2	✓	✓	4/15/99
3	✓	✓	4/15/99
4	✓	✓	4/15/99
5	✓	✓	4/15/99
6	✓	✓	4/15/99
7	✓	✓	4/15/99
8	✓	✓	4/15/99
9	✓	✓	4/15/99
10	✓	✓	4/15/99
11	✓	✓	4/15/99
12	✓	✓	4/15/99
13	✓	✓	4/15/99
14	✓	✓	4/15/99
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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